

Please type or print legibly. Mail with supporting documents to:
Chiropractic Physicians' Board of Nevada, 4600 Kietzke Lane, Suite M245, Reno, Nevada 89502

STUDENT APPLICATION FOR PARTICIPATION IN PRECEPTOR PROGRAM

Name _____

Address _____

Telephone _____

Name of preceptor _____

Address(es) where you will perform chiropractic services under supervision of above preceptor _____

Telephone _____

Preceptorship commencement date _____

End date _____

By signing and dating below, I hereby:

- (1) Acknowledge that I have read and understand the Nevada Revised Statutes (NRS chapters 634 and 629) and the Nevada Administrative Code (NAC chapter 634) as they will apply to my practice in the preceptorship program; and**
- (2) Authorize the Chiropractic Physicians' Board of Nevada to obtain information from _____ (student's chiropractic college), where I am enrolled to verify that I am qualified to practice chiropractic as a participant in a preceptor program.**

Signature _____

Date: _____

The following supporting documents must be submitted with this application:

- Preliminary transcript or other written document from your chiropractic college that verifies you
 1. Have successfully completed all the didactic course work required for enrollment in your final academic year
 2. Are in good standing with your chiropractic college
 3. Have completed the hours of clinical work required by chiropractic college to qualify for participation in preceptor program
- Copy of written agreement between student applicant and preceptor
- One completed fingerprint card
- Civil Applicant Waiver form
- Payment of \$83.50 (\$35.00 application fee plus \$48.50 fingerprint processing fee)